

# Preferred Provider Organizations & Indemnity Plans

## 1998 Benefit Summary For: Basic Only

	CalPERS Basic Preferred Provider Organizations & Indemnity Plans Benefit Summary																							
	Hospital		Physician Care									Diagnostic X-Ray/Lab	Durable Medical Equipment	Prescription Drugs		Infertility Testing & Treatment	Ambulance	Emergency Services		Mental Health		Substance Abuse		
	Inpatient	Outpatient	Office Visits	Allergy Testing/ Treatment	Immunization/ Inoculation	Gynecological Exam (Pap smear & breast exam)	Periodic Health Exam	Well Baby Care	Inpatient Hospital Visits	Surgery/ Anesthesia	Vision Exam (refraction)	Outpatient			Pharmacy	Mail Order Program			In-Area	Out-Of-Area	Inpatient	Outpatient	Inpatient	Outpatient
PERSCare																								
PPO/Out-Of-Area	10%*	10%	10%	10%	No Charge	No Charge	No Charge	No Charge	10%	10%	Not Covered	10%	10%	\$5 generic \$10 brand name. 34-day supply.	\$5 90-day supply.	Not Covered	20%	10%	10%	10% 30 days/calendar year.	10% 30 visits/calendar year.	10% \$12,000 lifetime max. Detoxification only, 15 days/calendar year.	10% 30 visits/calendar year.	
Non-PPO	40%*	40%	40%	40%	40%	40%	40%	40%	40%	40%	Not Covered	40%	40%	\$5 generic \$10 brand name. 34-day supply.	\$5 90-day supply.	Not Covered	20%	10%	10%	40% 30 days/calendar year.	40% 30 visits/calendar year.	40% \$12,000 lifetime max. Detoxification only, 15 days/calendar year.	40% 30 visits/calendar year.	
PERS Choice																								
PPO/Out-Of-Area	20%	20%	\$10*	20%	No Charge	No Charge	No Charge	No Charge	\$10*	20%	Not Covered	20%	20% \$3,000 calendar year maximum.	\$5 generic \$10 brand name. 30-day supply.	\$5 90-day supply.	Not Covered	20%	20%	20%	20% 20 days/calendar year.	20% 24 visits/calendar year.	20% \$12,000 lifetime max. Detoxification only, 20 days/calendar year.	20% 24 visits/calendar year.	
Non-PPO	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	Not Covered	40%	40% \$3,000 calendar year maximum.	\$5 generic \$10 brand name. 30-day supply.	\$5 90-day supply.	Not Covered	20%	20%	20%	40% 20 days/calendar year.	40% 24 visits/calendar year.	40% \$12,000 lifetime max. Detoxification only, 20 days/calendar year.	40% 24 visits/calendar year.	
CAHP Health Benefits Trust★																								
PPO	10%	10%	\$5	10%	20%	Included in periodic health exam.	No Charge \$250 max/year (member & spouse only).	No Charge \$150 max/year (includes well child care).	10%	10%	\$15**	10%	20%	\$5 generic \$10 brand name.** 34-day supply.	\$10 90-day supply.	Not Covered	20%	No Charge	No Charge 50% Non-emergency use of emergency room.	Services provided through Behavioral Health Access Prog. 30 days max./cal. year. Refer to EOC.**	Refer to EOC.*	Services provided through the Behavioral Health Access Program. \$30,000 lifetime max. Refer to EOC.** \$15,000 max./calendar year. Refer to EOC.**		
Non-PPO	*	40%	40%	40%	20%				40%	40%	**	40%	20%			Not Covered	20%	No Charge						
CCPOA Managed Care Plan★•																								
Core Network	No Charge	No Charge	\$5	No Charge/\$5	No Charge	\$5	\$5	\$5	No Charge	No Charge	\$5	No Charge	No Charge \$2,000 calendar year maximum.	\$5 generic \$10 brand name.	\$12 90-day supply, generic. \$27	50%	No Charge	\$25	\$25	No Charge* 30 days per calendar year.	\$20* 20 visits per calendar year.	No Charge* Detoxification only.	\$5* 20 visits per calendar year.	
OPT-Out PPO	Not Covered	*	20%	20%	20%	20%	Not Covered	20%	Not Covered	20%	Not Covered	20%	Not Covered		90-day supply, generic.	Not Covered	Refer to EOC.	Refer to EOC.	Refer to EOC.	Not Covered	Not Covered	Not Covered	Not Covered	
OPT-Out Non-PPO	Not Covered	*	40%	40%	40%	40%	Not Covered	40%	Not Covered	40%	Not Covered	40%	Not Covered		90-day supply, brand name.	Not Covered	Refer to EOC.	Refer to EOC.	Refer to EOC.	Not Covered	Not Covered	Not Covered	Not Covered	
CPFA Plan																								
PPO	No Charge	No Charge	\$5	20%	No Charge	\$5	Not Covered	\$5 First 24 months.	No Charge	No Charge	\$10 1 visit per year.	No Charge	No Charge	\$4 generic \$10 brand name.	\$2 90-day supply.	\$5/visit Excluding in vitro & in vivo zift proc. fertilization & reversal of sterilization.	No Charge	\$25/visit	\$25/visit	50% 30 days maximum per year.	50% 20 visits maximum per year.	Members pay anything over \$175/day, up to \$5,000/calendar year.	\$20/visit Limited to \$1,000 per calendar year. Combined PPO/Non-PPO/ Out-of-area limit of \$5,000 per calendar year.	
Non-PPO/Out-Of-Area	20%	20%	20%	20%	20%	20%	Not Covered	20% First 24 months.	20%	20%	\$10 1 visit per year.	20%	20%			20% Excluding in vitro & in vivo zift fertilization & reversal of sterilization.	20%	20%	20%	50% 30 days max. per year.			20% Limited to \$1,000 per calendar year. Combined PPO/Non-PPO/ Out-of-area limit of \$5,000 per calendar year.	
PORAC★																								
PPO	10%	10%	\$10	10%	Included in well baby/child care.	Included in periodic health exam.	No Charge \$500 max/ year.	No Charge \$500 max/year.	10%	10%	Not Covered	10%	20%	\$5 generic \$10 brand name**	\$5**	Limited benefits. Refer to EOC.	20%	10%	10% 50% Non-emergency use of emergency room.	Services provided through the Behavioral Health Access Program. 30 days max/calendar year.	Refer to EOC.**	Services provided through the Behavioral Health Access Program. \$30,000 lifetime maximum, \$15,000 max/calendar year.	Refer to EOC.**	
Out-Of-Area	20%	20%	20%	20%					20%	20%	Not Covered	10%	20%				20%	10%						
Non-PPO	*	10%	*	*					*	*	Not Covered	*	*				Not Covered	*						20%

	CalPERS Basic Preferred Provider Organizations & Indemnity Plans Benefit Summary (continued)										
	Home Health Services	Skilled Nursing Care	Speech/Physical/Occupational Therapy			Other			Hearing Aid Services		Deductibles
			Speech	Physical	Occupational	Hospice	Chiropractic	Acupuncture	Audiological Exam	Hearing Aid	
PERSCare											
PPO/Out-Of-Area	10% Maximum of 100 visits each calendar year.**	10% first 10 days, 20% Next 170 days. Maximum 180 days each calendar year.**	20% \$5,000 lifetime maximum.	10%	20%	10% 2 visits bereavement counseling. \$7,500 lifetime maximum.	10% 20 visits/cal. year.** (combined chiro./acupuncture)	20% 20 visits per calendar year.** (combined chiro./acupuncture)	10%	10% \$1,000 max. per member, once every 36 months.	\$250/Individual \$500/Family PERSCare deductibles & copayments are not transferable to PERS Choice & vice versa.  *Not subject to deductible.
Non-PPO	40% Maximum of 100 visits each calendar year.**			40%	20%		40% 20 visits/cal. year.** (combined chiro./acupuncture)		40%	40% \$1,000 max. per member, once every 36 months.	
PERS Choice											
PPO/Out-Of-Area	20% \$6,000 calendar year maximum.**	20% First 10 days. 30% Next 90 days. Maximum 100 days each calendar year.**	20% \$5,000 lifetime maximum.	20%	20% \$3,500 combined calendar year max. for physical & occupational therapy.	20% 2 visits bereavement counseling. \$7,500 lifetime maximum.	20% 15 visits/cal. year.** (combined chiro./acupuncture)	20% 15 visits/cal. year.** (combined chiro./acupuncture)	20%	20% \$1,000 max. per member, once every 36 months.	\$250/Individual \$500/Family \$2,000,000 lifetime aggregate maximum payment per person. PERS Choice deductibles & copayments are not transferable to PERSCare & vice versa. * Not subject to deductible if services received from a Preferred Provider.
Non-PPO	40% \$6,000 calendar year maximum.**			40%			40% 15 visits/cal. year.** (combined chiro./acupuncture)		40%	40% \$1,000 max. per member, once every 36 months.	
CAHP Health Benefits Trust★											
PPO	10% Max. of 90 visits each calendar year combined PPO/Non-PPO.**	10% 100 days each confinement period.	10%**	10%**	10%**	No Charge \$5,000 lifetime maximum.	10% 20 visits/cal. year.** (combined chiro./acupuncture)		10% \$1,000 max. per member, once every 36 months.**	None  *Note: CAHP Basic Plan benefits for non-emergency services received outside of the PPO network are strictly limited. Refer to EOC.	
Non-PPO	40% Max. of 90 visits each calendar year combined PPO/Non-PPO.**		40%**	40%**	40%**		40% 20 visits/cal. year.** (combined chiro./acupuncture)				
CCPOA Managed Care Plan★★											
Core Network	No Charge	No Charge Up to 60 days	\$5 No charge as inpatient.	\$5 No charge as inpatient.	\$5 No charge as inpatient.	No Charge Up to \$5,000/lifetime.	Not Covered	Not Covered	No Charge	\$1,000 max per member once every 36 months.	None  Note: Benefits for the full PPO Refer to EOC.
OPT-Out PPO	Not Covered	Not Covered	20%	20%	20% 30 visit max./calendar year for opt-out services, including chiropractic.	Not Covered	20%	Not Covered	Not Covered	Not Covered	\$100/Individual \$300/Family Maximum yearly Opt-Out benefits will not exceed \$2,500 Note: Benefits for the full PPO. Refer to EOC.
OPT-Out Non-PPO	Not Covered	Not Covered	40% Up to \$25/visit.	40% Up to \$25/visit.	40% Up to \$25/visit, 30 visit max./calendar year for opt-out services, including chiropractic.	Not Covered	40% Up to \$25 per visit.	Not Covered	Not Covered	Not Covered	\$100/Individual \$300/Family Maximum yearly Opt-Out benefits will not exceed \$2,500 Note: Benefits for the full PPO. Refer to EOC.
CPFA Plan											
PPO	\$10/visit Maximum of 100 visits each calendar year.** Combined PPO/Non-PPO/Out-of-Area	No Charge Semi-private room & other charges up to 120 days per disability. Combined PPO/Non-PPO/Out-of-Area	\$5/visit Lifetime payment of \$1,000.** Comb. PPO/Non-PPO/Out-of-Area	\$5/visit	\$5/visit	No Charge \$7,500 lifetime max. combined PPO/Non-PPO/Out-of-area.	\$5/visit 20 visits/calendar year combined PPO/Non-PPO/Out-of-area.**	\$5/visit 20 visits/calendar year combined PPO/Non-PPO/Out-of area.	Not Covered	Not Covered	\$120/Mo./Ind. \$60/Mo./Ind., if tobacco-free family environment, No annual deductible. Refer to EOC.
Non-PPO/Out-Of-Area	20% Maximum of 100 visits each calendar year.** Combined PPO/Non-PPO/Out-of-Area	20% Semi-private room & other charges up to 120 days per disability. Combined PPO/Non-PPO/Out-of-Area	20% Lifetime payment of \$1,000.** Comb. PPO/Non-PPO/Out-of-Area	20%	20%	20% \$7,500 lifetime max. combined PPO/Non-PPO/Out-of-area.	20% 20 visits/calendar year combined PPO/Non-PPO/Out-of-area.**	20% 20 visits/calendar year combined PPO/Non-PPO/Out-of area.	Not Covered	Not Covered	\$120/Mo./Ind. \$60/Mo./Ind., if tobacco-free family environment, \$200 annual deductible. \$600/family. Refer to EOC.
PORAC★											
PPO	10% 100 visits per calendar year.	10% 100 days/calendar year.	10%	10%	10%	10% \$5,000 maximum lifetime payment.	10%	10%	20% Up to \$50 for each exam provided in connection with hearing aid purchase.	20% Up to \$450 per 36 months for each ear.	\$200/Individual \$600/Family Benefits are subject to this annual deductible, except as stated in the EOC.
Out-Of-Area			20%**	10%**	10%**		10%	10%			\$400/Individual \$1,200/Family Benefits are subject to this annual deductible, except as stated in the EOC.
Non-PPO			*	*	*		*	*			

NOTE: BENEFITS CONTINUE ON REVERSE.

Footnotes

**Important:**  
This is only a brief summary. You should carefully review the plan's Evidence Of Coverage (EOC) booklet for more details on these benefits. In case of conflict between this chart and your plan's EOC, the EOC booklet determines the benefits that will be provided. When reading this chart, the areas marked with “\*\*” means you should refer to the EOC booklet for limitations.

The member pays the applicable copayment percentages or dollar amounts for each medical benefit, as listed on this chart. Please refer to your EOC for specific information on how the copayments and annual deductibles work for your plan.

**Note:**  
To determine what plans are available to you, see the Health Plan Service Areas charts in your Health Plan Decision Guide.

**For CAHP, CCPOA, and PORAC, payments flagged with the “\*\*” are strictly limited. Please refer to your EOC booklet for details.**

Annual maximums for copayments or “out-of-pocket” expenses vary by plan. You should refer to the plan's EOC booklet for further information.

• **CCPOA Managed Care Plan Important Notice:**  
The plan provides benefits through a combination of a CORE Network of Foundation providers and an “Opt-Out” network of PPO providers. Please refer to your EOC for details, as “Opt-Out” benefits are strictly limited. For those members living outside of the CORE Network service area, a full PPO plan is available. Please refer to the EOC for the benefit details of that plan as those benefits do not appear on this chart.

★ **Arbitration**  
Enrollment in this plan constitutes an agreement to have certain claims or controversy decided by neutral arbitration and member waives right to jury or court trial.